



## RCVS Practice Standards Remote Assessment Self- Certification

'I, [ ] RVN/ MRCVS number [ ] hereby certify that to the best of my knowledge, my practice [ ], principal premises reference number\* [ ] has met all other requirements to the level(s) of accreditation assessed. I understand if these requirements are found not to be met, this may result in removal of accreditation by the Practice Standards Scheme.'

Date: [ ] Initials: [ ]

Note: We understand that practice businesses have been impacted by the pandemic and social distancing measures, and that there will be reasonable adaptive measures taken by practices. These reasonable measures should not affect your accreditation, however if you are unsure, please speak to your assessor at the time of your remote assessment.

\*This can be obtained from Stanley or RCVS My Account